

Indiana Injury Prevention Advisory Council

November 20, 2014

Jessica Skiba, Injury Prevention Epidemiologist
Division of Trauma and Injury Prevention



Indiana State
Department of Health

Purpose and Outline

- Network & Updates
- ISDH Safe Sleep Program
 - Shaleea Mason, RN, BSN, ISDH Safe Sleep Coordinator
- ISDH reports
- Falls Prevention
 - Mary Raley, St. Mary's Medical Center
- IPAC updates



Injury Prevention- Member Updates

- Name
- Position
- Organization/ Association
- Current Projects and Programs
- Upcoming events hosted by organization



Indiana State
Department of Health

Shaleea Mason, RN, BSN
ISDH Safe Sleep Coordinator

ISDH SAFE SLEEP PROGRAM



Indiana State
Department of Health

ISDH UPDATES



Indiana State
Department of Health

State Leadership Changes

- State Health Commissioner
 - Dr. Jerome M. Adams
- Deputy Commissioner
 - Dr. Jennifer Walthall
- Chief of Staff
 - Eric Miller



Indiana State
Department of Health

Special Emphasis Reports

State Injury Indicators Special emphasis reports:

- Traumatic Brain Injury
- Drug Overdose
- Child Injury



Indiana State
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INDIANA

Special Emphasis Report: Traumatic Brain Injury 2012

Understanding TBI

Traumatic brain injury (TBI) is a serious public health problem in the United States. A TBI is caused by a bump, blow, jolt or penetration to the head disrupting the normal function of the brain. Each year, traumatic brain injuries contribute to a substantial number of deaths and cases of permanent disability.

Impact and Magnitude of TBI

During 2012, a TBI was sustained by more than 45,000 people in Indiana. Among those injured, 1,067 (15.8 per 100,000) died where TBI was reported as a cause of death on the death certificate alone or in combination with other injuries or conditions, another 4,748 (70.4 per 100,000), were hospitalized with a TBI alone or in combination with other injuries or conditions, and an additional 42,983 (665.1 per 100,000) were treated and released from emergency departments with a TBI alone or in combination with other injuries or conditions. An unknown number of individuals sustained injuries that were treated in other settings or went untreated.

Causes of TBI

Cause of injury varies across the three levels of severity. Firearms were the leading cause of injury among those who died where TBI was reported as a cause of death on the death certificate alone or in combination with other injuries or conditions. Unintentional falls were the leading cause of injury among those who were hospitalized with a TBI alone or in combination with other injuries or conditions. Unintentional falls were also the leading cause of injury among those who were treated and released from emergency departments with a TBI alone or in combination with other injuries or conditions.

Notes: Firearm-related injuries were reported but excluded from the etiology graphic due to overlap with multiple categories (e.g., homicide/assault, suicide). Firearms were related with 44% of deaths, 1.5% of hospitalizations, and 0.09% of emergency department visits related to TBI. Completeness of external-cause coding for TBI-related cases can impact the accuracy of the cause classifications for hospitalizations and emergency department visits.

Figure 2: Percentage of Annual TBI-Related Deaths,* Hospitalizations,** and Emergency Department Visits,** by Age, in Indiana, 2012

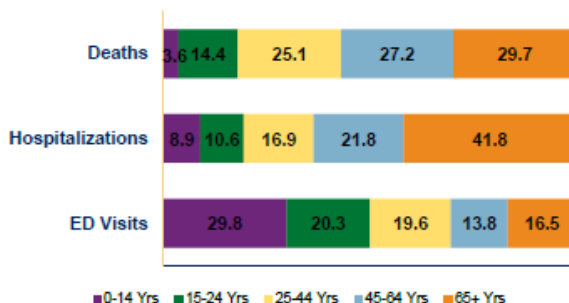
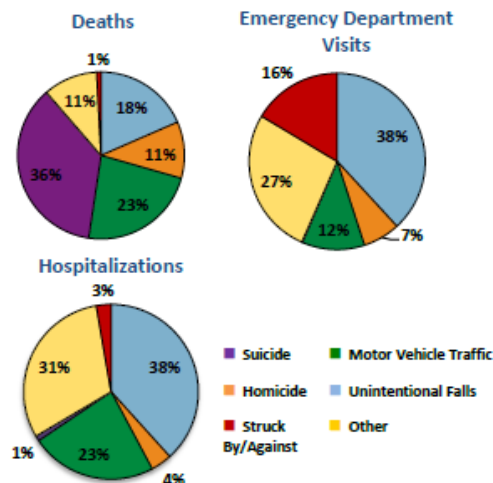


Figure 1: Percentage of Annual TBI-Related Deaths, Hospitalizations, and Emergency Department Visits, by External Cause, in Indiana, 2012



TBI by Age

The highest number of TBI-related deaths* were among persons ages 15-24 years. Among those with TBI-related hospitalizations,** persons ages 75 years and older were most affected. Persons ages 15-24 years made the most TBI-related emergency department visits.** Adolescents and young adults have the highest rates of motor vehicle-related TBIs, while the youngest children and older adults are at highest risk for sustaining fall-related TBIs.

*TBI was reported as a cause of death on the death certificate alone or in combination with other injuries or conditions
 ** TBI alone or in combination with other injuries or conditions





INDIANA

Special Emphasis Report: Traumatic Brain Injury 2012

TBI by Gender

Men were more likely to sustain a traumatic brain injury than women. The magnitude of this difference was greatest among those who died (24.9 per 100,000 compared to 7.6 per 100,000, respectively). Men accounted for 74.0% (24.9 per 100,000) of deaths where TBI was reported as a cause of death on the death certificate alone or in combination with other injuries or conditions. Men accounted for 59.6% (91.0 per 100,000), of hospitalizations for TBI alone or in combination with other injuries or conditions and 52.2% (709.4 per 100,000) of emergency department visits for TBI alone or in combination with other injuries or conditions. Men were more likely to be hospitalized for motor vehicle traffic-related TBI compared to women.



TBI Prevention Strategies

There are many simple ways to reduce the chance of sustaining a TBI, which include:

1. Buckling your child in the car using a size and age-appropriate child safety seat, booster seat, or seat belt.
2. Wearing a seat belt every time you drive or ride in a motor vehicle.
3. Never driving while under the influence of alcohol or drugs.
4. Wearing a helmet and making sure your children wear helmets while bicycling and playing contact sports
5. Making living areas safer for seniors through home modifications, such as
 - Removing tripping hazards such as throw rugs and clutter in walkways;
 - Using nonslip mats in the bathtub and on shower floors;
 - Installing grab bars next to the toilet and in the tub or shower, and handrails on both sides of stairways;
6. Making living areas safer for children by installing window guards to keep young children from falling out of open windows, and using safety gates at the top and bottom of stairs when young children are around.
7. Making sure the surface on your child's playground is made of shock-absorbing material, such as hardwood mulch or sand.

CDC's National Center for Injury Prevention and Control (Injury Center) is committed to protecting people against preventable TBI by putting science into action.

- **Heads Up** – Injury Center campaigns with free tools for health care providers, school administrators, nurses, teachers, coaches and parents to help them recognize and respond to a TBI. www.cdc.gov/traumaticbraininjury
- **Motor Vehicle Safety** – Motor vehicle crashes are a leading cause of death, injury and TBI in the US. The CDC's primary prevention focuses on child passenger safety, seat belt use and reducing impaired driving.

www.thecommunityguide.org/mvoi

www.cdc.gov/motorvehiclesafety

Indiana TBI Activities

The Indiana Trauma Registry is a repository into which statewide trauma data has been brought together to support three foundational activities: identification of the trauma population, statewide process improvement activities, and research.

Indiana Injury Prevention Advisory Council to reduce the number and severity of preventable injuries in Indiana through leadership and advocacy.

The Spinal Cord and Brain Injury Fund is utilized to 1) establish and maintain a state medical surveillance registry for traumatic spinal cord and brain injuries; 2) fulfill the duties of the board; and 3) fund research related to treatment and cure of spinal cord and brain injuries. The fund is expected to generate approximately \$1.6 million per year, with the majority of money generated to be allocated to research projects.

Note: TBI-related cases were identified by first limiting the datasets to injury cases based on external cause of injury (deaths), primary diagnosis (hospitalizations), or both (emergency department visits). All fields were then searched for TBI diagnostic codes. Reference to any commercial entity or product or service on this page should not be construed as an endorsement by the Government of the company or its products or services.

Indiana State Department of Health
Division of Trauma and Injury Prevention

Indianatrauma.org

Released October, 2014



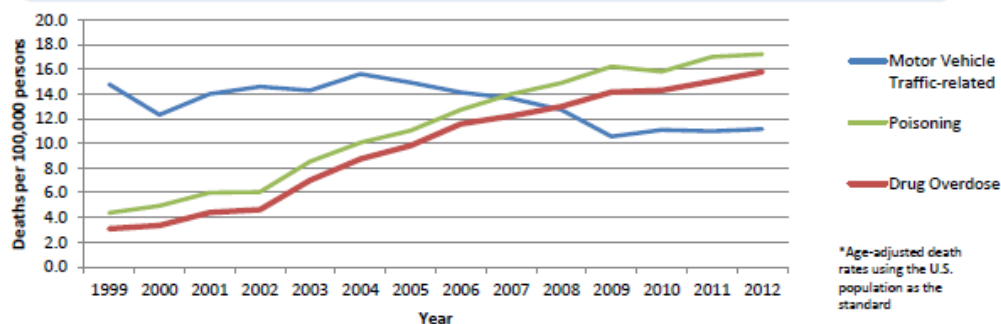
Indiana

Special Emphasis Report: Drug Overdose Deaths, 1999-2012

A Public Health Crisis Continues

Poisoning is the leading cause of injury deaths in Indiana, and drugs cause 9 out of 10 poisoning deaths. Drug poisoning deaths, also called overdoses, increased five-fold since 1999, surpassing motor vehicle traffic-related deaths in 2008 (Figure 1). In 2012, the poisoning death rate was 17.2 deaths per 100,000 persons, and the drug overdose death rate was 15.8 deaths per 100,000 persons, compared to a motor vehicle traffic-related death rate of 11.2 deaths per 100,000 persons. Nationally, overdose death rates due to opioid pain relievers have quadrupled from 1999-2010, and heroin overdoses increased by <50%.¹

Figure 1. Drug overdose death rates* compared to motor vehicle-related death rates, Indiana residents, 1999-2012



Drugs Caused 9 out of 10 Poisoning Deaths

In 2012, drugs and medications—prescription drugs, illicit drugs, and over-the-counter medications—were the underlying cause of death for 91.3% of all poisoning deaths. Of the drug overdose deaths, 77% were unintentional, 12.2% were suicide or intentional self harm, and 10.7% had undetermined intent. Males had rates 1.6 times higher than females and persons aged 35-44 years had the highest rate of all age categories (29.3 per 100,000).

Table 1. Drug overdose deaths: Demographic characteristics and intent, Indiana residents, 2012

		Number	Percent	Rate per 100,000 persons
Gender	Female	393	39.3	12.1
	Male	606	60.7	19.4
Age (in years)*	15-24	116	11.6	12.4
	25-34	232	23.2	27.8
	35-44	242	24.2	29.3
	45-54	252	25.2	27.4
	55 and older	153	15.3	9.0
Intent	Unintentional	769	77.0	12.2
	Suicide	122	12.2	1.9
	Undetermined	107	10.7	1.7

*0-14 age group not included due to small numbers.

This document was produced in conjunction with CDC's Core Violence and Injury Prevention Program

Under Cooperative Agreement 11-1101.

Released November, 2014



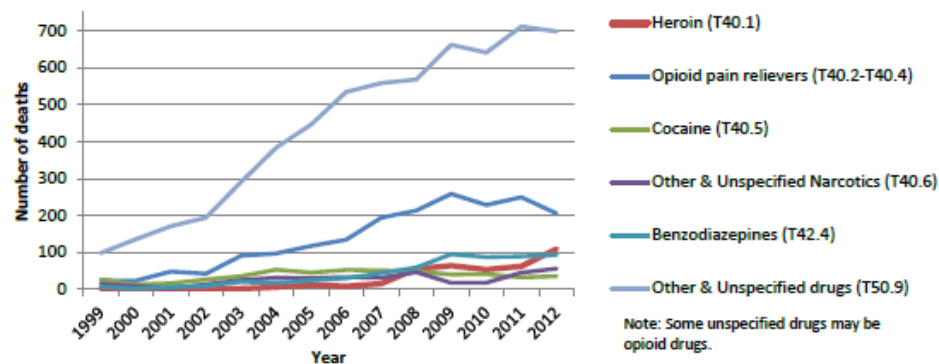
Indiana

Special Emphasis Report: Drug Overdose Deaths, 1999-2012

Opioid Pain Relievers Contributed to 20% of the Drug Overdose Deaths

Any drug has the potential to be misused or abused, and may be even more dangerous when used in combination with other drugs or alcohol. The three most common include painkillers, depressants, and stimulants. Opioid pain relievers, such as oxycodone or hydrocodone, contributed to 206 (20.6 percent) of the 999 drug overdose deaths in 2012. These results may underrepresent the burden of opioid deaths, and a death may be included in more than one drug category. The increase in heroin overdose may be due to increased heroin supply (cheaper and easier accessibility) and widespread prescription opioid exposure and increasing rates of opioid addiction. Heroin is an opioid and acts on the same receptors in the brain as opioid pain relievers. Approximately three out of four new heroin users report having abused prescription opioids prior to using heroin.¹

Figure 2. Number of drug overdose deaths involving opioid pain relievers and other drugs, Indiana residents, 1999-2012



Addressing the Issue

The Division of Trauma and Injury Prevention at the Indiana State Department of Health works to prevent injuries and create a healthier and safer Indiana.

Actions: The Indiana Statewide Trauma System Injury Prevention Plan is currently being drafted and will include opportunities for collaborative poisoning prevention efforts

Surveillance: The Division of Trauma and Injury Prevention conducts statewide injury surveillance through death certificates, hospitalizations, and ED visits.

Partnerships: The Indiana Injury Prevention Advisory Council, made up of members working in injury and violence prevention, works to reduce the number and severity of preventable injuries through leadership and advocacy.

Resources

The Indiana Attorney General's Prescription Drug Abuse Task Force works to significantly reduce the abuse of controlled prescription drugs and to decrease the number of deaths associated with these drugs in Indiana.

Website: <http://www.in.gov/bitterpill/>

Proper disposal of unused medications [through Drug Take-Back Events](#) ensures unwanted or unneeded medications they do not end up on the street or cause damage to the environment.

Indiana Poison Center: Helpline: 1-800-222-1222
<http://indianapoison.org/>

CDC Injury Center:
www.cdc.gov/homeandrecreationalafety/overdose

¹Rudd, Rose, Paulozzi, Len; Bauer, Michael; et al. MMWR 2014; 63: 849-854

Report prepared by the following guidelines: Gabella BA, Proescholdbell SK, Hume B, et. al. State Special Emphasis Report: Instructions Drug Overdose Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2014.



INDIANA

Special Emphasis Report: Infant and Early Childhood Injury, 2012

Injury is a Leading Cause of Death in Children

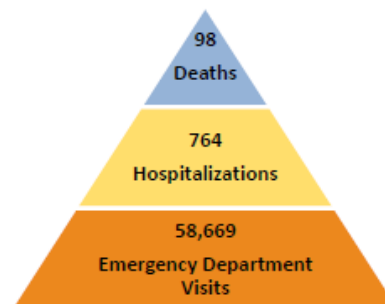
Injuries are a major public health problem across the United States and in Indiana. Injuries are not random chance events, but follow a predictable sequence of events, and can be prevented using specific strategies. In 2012, 98 Indiana children ages 0-5 years died due to injury. There were 42 deaths among infants less than one year of age and 56 among children ages 1-5 years.

In addition to these injury deaths, there were 764 injury-related hospitalizations, of which 201 were among infants and 563 were among children ages 1-5 years. There were also 58,669 emergency department (ED) visits. These numbers do not include children who received treatment in physician offices or at home.

2012 Indiana Injury Facts

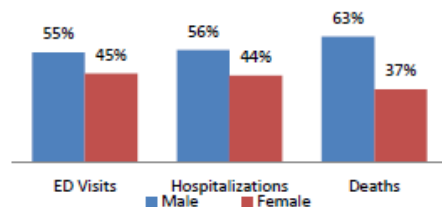
- 98 children ages 0-5 died due to injury
- 43% of the children who died were infants
- There were 764 child injury-related hospitalizations
 - 74% were children ages 1-5
- 58,669 child emergency department visits were made due to injury
- More male children were injured, treated in emergency departments, hospitalized and died than female children

Figure 1: Annual Injuries* among Children Ages 0-5 Years, Indiana, 2012



For every child that dies, 8 children are hospitalized and nearly 600 are treated in emergency departments.

Figure 2: Percent of Injury Deaths, Hospitalizations and Emergency Department Visits among Children Ages 0-5 Years, by Sex, Indiana, 2012



*Hospitalizations and emergency department visit data are based on ICD-9 primary diagnostic code of injuries and poisoning.
This document was produced in conjunction with CDC's Core Violence and Injury Prevention Program under Cooperative Agreement 11-1101.

Child Injury by Sex

Males accounted for a greater number of injuries and had higher rates of injury-related medical treatment in Indiana among children ages 0-5 years compared to females. More male children ages 0-5 years were treated in emergency departments, hospitalized, and died due to injury compared to females of the same age.



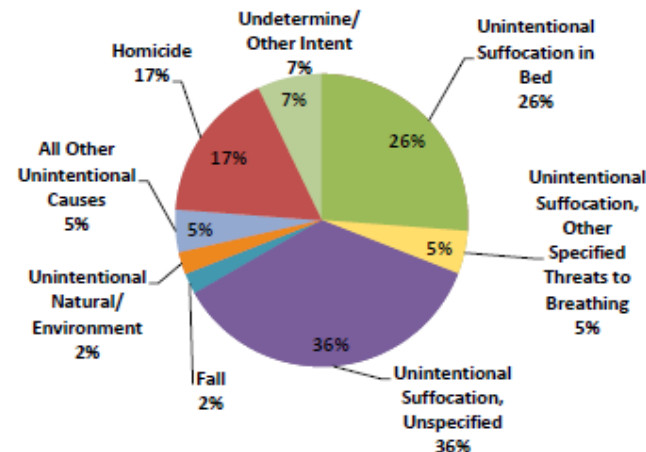
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Injury Deaths in Infants

Infants <1 Year Injury Facts

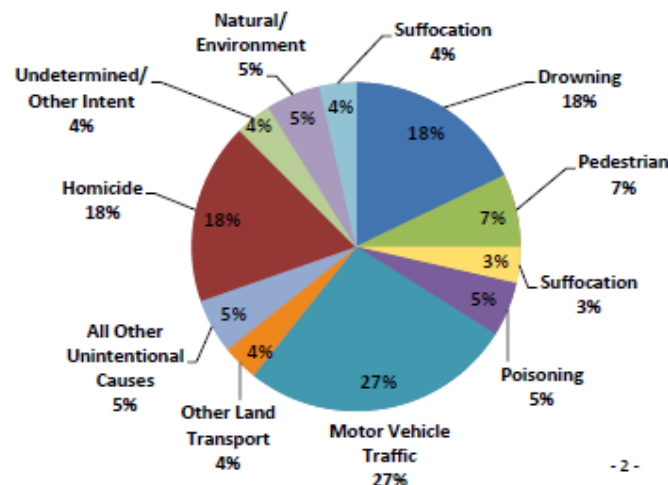
- 42 infant deaths in 2012
- 32 unintentional deaths and 7 homicides
- Suffocation was the leading cause (67%) of injury death for infants
- Suffocation deaths are preventable
- Unsafe sleep environments which include linens, pillows, or other items in the crib, or another body in the bed or on the same sleeping surface often result in suffocations
- Plastic bags, and other specified threats to breathing, also result in infant suffocation deaths

Figure 3: Injury Deaths among Infants Less than 1 Year, Indiana, 2012 (N=42)



Injury Deaths in Young Children

Figure 4: Injury Deaths in Children Ages 1 – 5 Years, Indiana, 2012 (N=56)



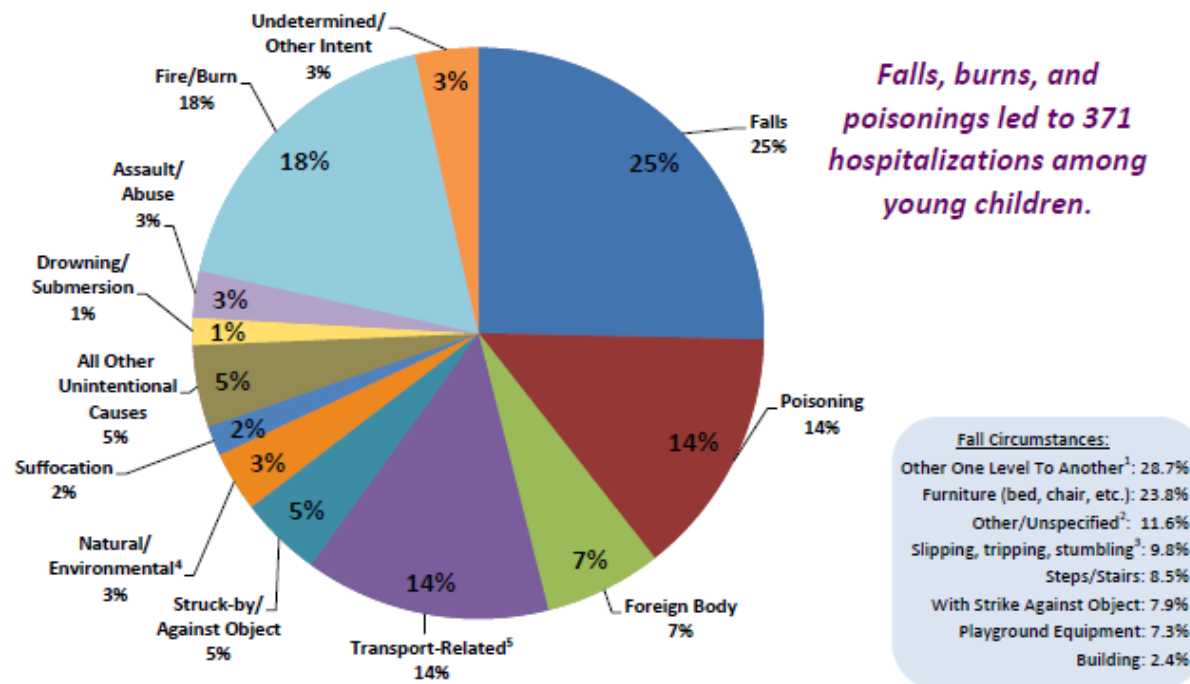
Ages 1-5 Injury Facts

- 56 deaths in 2012
- 44 unintentional deaths and 10 homicides
- Motor vehicle traffic-related injuries were the leading cause of injury death
- Car seat use reduces the risk of death by as much as 54%
- Drowning and homicide were the second leading causes of injury deaths
- Children 1-4 have the highest drowning rates

Injury-Related Hospitalizations

Figure 5: Injury-Related Hospitalizations** among Children Ages 0 – 5 Years, Indiana, 2012 (N=647)

- In 2012, there were 647 injury-related hospitalizations of Indiana children ages 0-5 years, with 143 hospitalizations among infants and 504 among children ages 1-5 years. Most injury-related hospitalizations were unintentional in nature (93.8%).
- Falls were the leading cause of injury-related hospitalizations among both infants (32.9%, n= 47) and young children (23.2%, n=117). The next leading cause of hospitalizations was fire/burns (17.9%, n=116), poisoning (14.1%, n =91) and transport-related injuries (13.9%, n =90).
- Of the 91 hospitalizations due to poisonings, 83.5% were due to drugs, medicinal substances and biologics and 16.5% were by other solid and liquid substances, gases and vapors.
- Prevent child falls by using home safety devices such as window guards, making sure your child wears appropriate protective gear during sports and recreation, and supervising your child at home and at play.



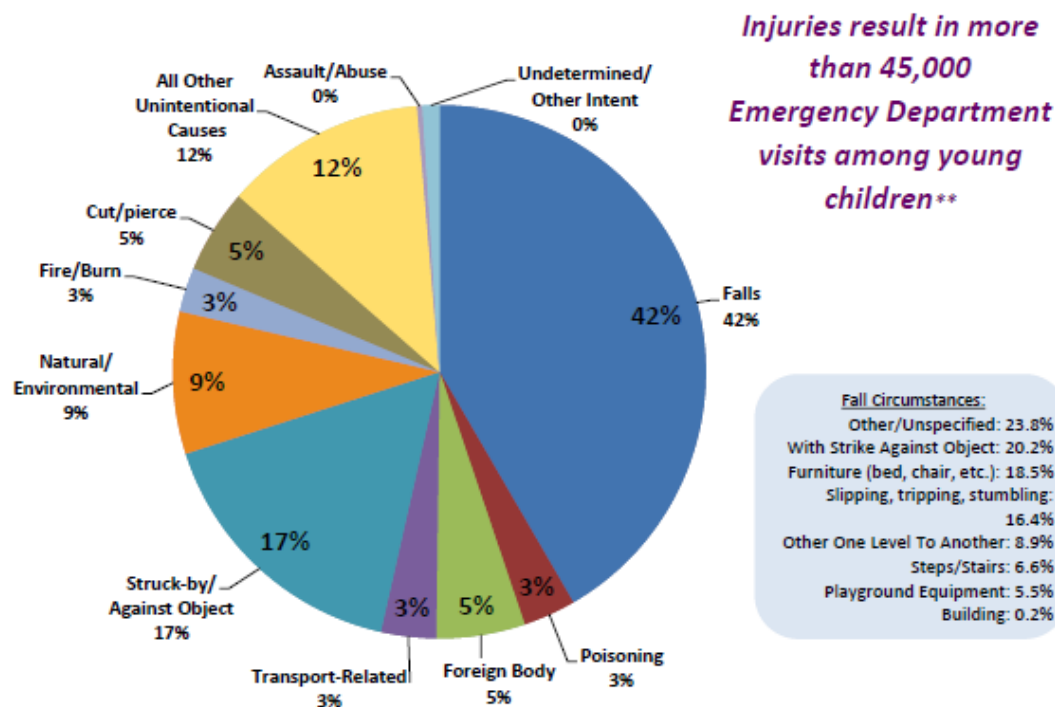
**Injury-related Hospitalization cases selected based on ICD-9 primary diagnosis codes with external cause of injury codes.

- Fall from one level to another not already included in another fall category, which includes: falls from cliff, wheelchair, commode, or embankment, haystack, stationary vehicle or tree.
- Fall from ladder or scaffolding; into hole or other opening in surface; from collision, pushing, or shoving, by or with another person; or other or unspecified fall
- Fall from non-motorized scooter, roller skates, skateboard, ski, snowboard, and other slipping and tripping or stumbling, such as on moving sidewalk, etc.
- Natural and Environmental causes such as excessive heat, dog bites, insect stings, exposure to cold, tornado, etc.
- Transport-related includes motor vehicle occupant, bicycle/tricycle (MV & non-MV), pedestrian (MV & non-MV), and other transport.

Injury-Related Emergency Department Visits

Figure 5: Injury-Related Emergency Department Visits** among Children Ages 0 – 5 Years, Indiana, 2012
(N = 45,101)

- In 2012, there were 45,101 injury-related emergency department (ED) visits of Indiana children ages 0-5 years, with 4,047 visits among infants and 41,054 among young children.
- The leading causes of injury-related ED visits in children ages 0-5 were falls (42%, n = 18,788), striking against or being struck by an object or person, (17%, n = 7,440) and natural or environmental causes, including insect stings and dog bites (9%, n = 3,646).
- Of the 16,644 ED visits of children ages 1-5 years for falls in 2012, one in five (21%, n = 3,563) involved falls from with striking against an object and 18% involved slipping, tripping, or stumbling.
- Of the 2,134 ED visits of infants for falls in 2012, two in five (41%, n = 865) involved falls from furniture and nearly one in ten involved falls down steps or stairs (8%, n = 176).



**Injury-related emergency department cases selected based on ICD-9 primary diagnosis codes with external cause of injury codes.

Resources

Indiana State Department of Health
2 North Meridian Street
Indianapolis, Indiana 46204

Indiana Child Fatality Review Program
Phone: (317)233-1240
Email: GMartin1@isdh.IN.gov
Website: <http://www.in.gov/isdh/26349.htm>

Maternal and Child Health Division
Phone: (317)233-7940
Email: bfranklin@isdh.IN.gov
Website: <http://www.in.gov/isdh/19571.htm>

Trauma and Injury Prevention Division
Phone: (317)233-7716
Email: Indianatrauma@isdh.IN.gov
Website: <http://www.in.gov/isdh/19537.htm>

Indiana Department of Child Services
402 W. Washington Street
Indianapolis, IN 46204
Email: Communciations@dcs.IN.gov
Website: <http://www.in.gov/dcs/2869.htm>



Indiana Family Helpline
Phone: 1-855-HELP-1ST (1-855-435-7178)
Website: <http://www.in.gov/isdh/21047.htm>

Indiana Child Abuse/ Neglect Hotline:
Phone: 1-800-800-5556

Indiana Poison Center
Poison Helpline: 1-800-222-1222
<http://indianapoison.org/>

American Academy of Pediatrics
www.aap.org

Automotive Safety Program
<http://www.preventinjury.org/>

Children's Safety Network
www.childrenssafetynetwork.org

Cribs for Kids
<http://www.cribsforkids.org/>

First Candle
<http://www.firstcandle.org/>

This report and other Indiana injury data reports are available on the ISDH website. Requests for data may also be submitted to the ISDH Trauma and Injury Prevention Division.

Safe Child Program
www.cdc.gov/safekids

Safe Kids Indiana/ Safe Kids Worldwide
<http://www.safekids.org/>

Safe to Sleep
<http://www.nichd.nih.gov/sts/Pages/default.aspx>

Data Notes: All data in this report are based on the CDC injury definition, whereby injury cases are based on ICD-10 underlying cause codes (deaths), ICD-9-CM primary diagnosis codes (hospitalizations), or either an ICD-9-CM primary diagnosis code or an external cause of injury code (E-codes) (ED visits). Not every injury case may be coded with an E-code, and because the analysis of the mechanism of injury is dependent upon the E-code, the aggregate numbers may be different. Deaths and transfers may be included in hospitalization and ED visit data. All data in this report are based on calendar years. All injuries are considered unintentional unless otherwise specified.

Data Sources: Indiana State Department of Health, Epidemiology Resource Team Data Analysis Team. Document prepared by ISDH Division of Trauma and Injury Prevention, Division of Maternal and Child Health, and Child Fatality Review Program.

INDIANA STATE DEPARTMENT OF HEALTH

<http://www.indianatrauma.org>

Released October, 2014

Special Emphasis Reports

- Expanding Child Injuries report into series
 - 6-11
 - 12-18 (Middle School & High School)
- Collaboration among Child Fatality Review, MCH and Trauma & Injury Prevention
- Expected to finalize Spring, 2015



Indiana State
Department of Health

2014 Indiana Firework-Related Injury Report

Figure 1. Firework-related injuries by reporting cycle year, Indiana, 2003–2014*



*2014 reporting cycle included cases from Sept. 13, 2013–Sept. 12, 2014.

Source: Indiana State Department of Health, Division of Trauma and Injury Prevention.



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2014 Indiana Firework- Related Injury Report

2014 Highlights

- ❑ There were 141 unduplicated cases of firework-related injuries reported to ISDH. No deaths were reported due to these injuries.
- ❑ Sixty-nine of the reported cases occurred on July 4, 2014, which represents 48.9 percent of all reported cases.
- ❑ More than a third of all reported firework-related injuries involved individuals 18 years of age and under. The youngest injured person was 8 months old.
- ❑ Thirty-seven percent of firework-related burn injuries were of the hands and/or fingers.
- ❑ Twenty-six injured persons were hospitalized or transferred to another hospital for treatment.
- ❑ Eye injuries accounted for 15.5 percent of the total number of injuries; three-quarters of the people with eye injuries did not use eye protection.
- ❑ Fifty-two percent of the injuries were caused by firecrackers, rockets, and aerials devices.
- ❑ Malfunctioning or mishandling of fireworks accounted for nearly sixty-four percent of reported fireworks injury mechanisms.
- ❑ Firework use on private property accounted for 68.1 percent of reported injury cases.
- ❑ Figure 1 indicates the number of firework-related injuries from 2003-2004 and 2006 to 2014.



Collecting Violent Death Information Using the National Violent Death Reporting System

- To create and implement a plan to collect and disseminate accurate, timely, and comprehensive surveillance data on violent deaths
 - Suicide
 - Homicide
 - Undetermined Intent
 - Unintentional
 - Firearm Death
 - Legal Intervention
 - Terrorism



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Four primary activities:

1. Create and update a plan to implement INVDRS in Indiana
2. Collect and abstract comprehensive data on violent deaths from:
 - Death Certificates
 - Coroner reports
 - Law enforcement records
 - Child Fatality Review (Optional Module)



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Four primary activities:

3. Disseminate INVDRS data to stakeholders, the public, and CDC's multi-state database
4. Explore innovative methods of collecting, reporting, and sharing data to improve timeliness and greater utilization of data for prevention efforts

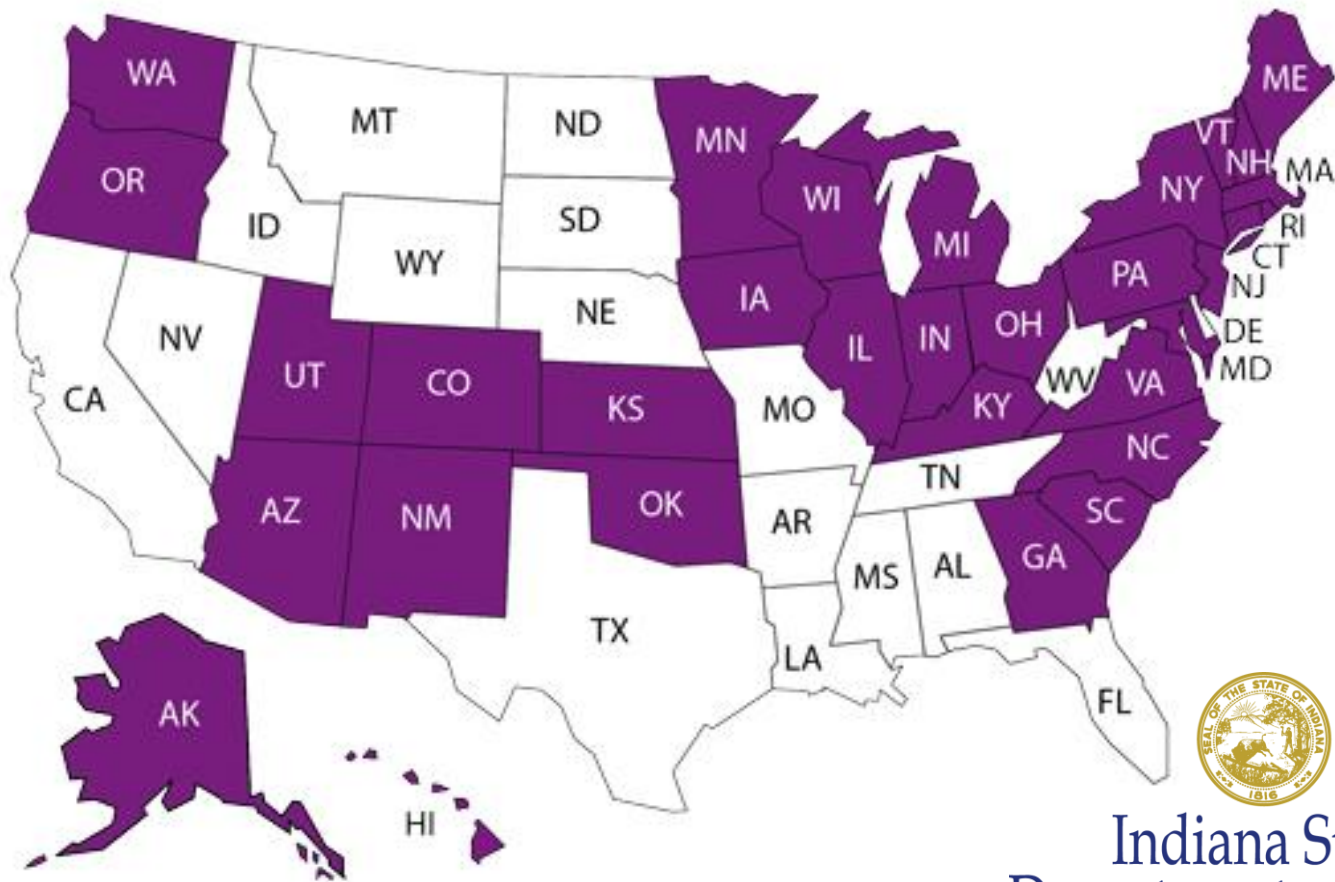


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Year 1 Pilot

- Collect violent death data from Child Death Review & Vital Records
- Collect deaths that occurred in 6 counties:
 - Marion, Allen, Lake, Vanderburgh, St. Joseph, and Madison
- Link related violent deaths that occurred within 24 hours
 - Multiple homicides, suicide pacts, suicide/homicides
- Remaining years collect all violent deaths in IN


32 States Funded



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INVDRS Updates

- Website: <http://www.in.gov/isdh/26539.htm>



Indiana State Department of Health

[Trauma System/Injury Prevention Program Home](#) > [Injury Prevention](#) > Indiana Violent Death Reporting System (INVDRS)

**ISDH HOME**

TRAUMA SYSTEM/INJURY PREVENTION

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[Pre-Hospital/EMS](#)





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[Trauma and Injury Prevention Definitions](#)


[Calendar of Events](#)



INDIANA VIOLENT DEATH REPORTING SYSTEM (INVDRS)

Indiana is one of 32 states to receive funding for the Centers for Disease Control (CDC) Collecting Violent Death Data Using the National Violent Death Reporting System. The purpose of the funding is to improve the planning, implementation, and evaluation of violence prevention programs. The grant will be administered by the State Department of Health's Division of Trauma and Injury Prevention.

The Indiana Violent Death Reporting System (INVDRS) will gather vital records data, law enforcement records, and coroner reports into one central web-based registry in order to better understand the circumstances of violent deaths, including homicides, suicides, undetermined intent deaths, and unintentional firearm deaths. The CDC provides funding to utilize the software and to implement an abstraction process (people, technical support, etc.) to combine the data.

[Handout on the INVDRS](#) 



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INVDRS Updates

- Next Advisory Board December 9

UPCOMING ADVISORY BOARD MEETINGS

Date	Location	Floor	Time
12/9	2 North Meridian, Indianapolis, IN 46204 (ISDH)	5T	1-3 EDT
3/24	2 North Meridian, Indianapolis, IN 46204 (ISDH)	Rice Auditorium	1-3 EDT
6/23	2 North Meridian, Indianapolis, IN 46204 (ISDH)	Rice Auditorium	1-3 EDT
9/29	2 North Meridian, Indianapolis, IN 46204 (ISDH)	Rice Auditorium	1-3 EDT
12/1	2 North Meridian, Indianapolis, IN 46204 (ISDH)	Rice Auditorium	1-3 EDT



Indiana State
Department of Health



Mary Raley, BSN, RN, TNSCC, CEN
Injury Prevention/Trauma Education/ Outreach Coordinator
St. Mary's Trauma Center

FALLS PREVENTION PRESENTATION





IPAC UPDATES

Injury Prevention Conference subcommittee

- Friday, March 13, 2015
- Indiana Government Center
- Injury Prevention 101
- Action items: Finalize Sessions & Find Speakers



Indiana State
Department of Health

Injury Prevention 101

- ACS IP program requirements
- How to find evidence-based programs
- Using data to form and inform your IP program
 - Panel on Data Use
- Evaluation of evidence-based programs
- How to fund IP program
 - Reimbursement for injury prevention programs
- Community buy-in strategies

Time	Session Description	Session notes/ comments:
7:30– 8:00 a.m.	Registration & Networking Breakfast	
8:00 – 8:30 a.m.	Welcome & Opening Remarks	-Discuss conference goals and purposes
8:30– 9:15 a.m.	<u>Session 1-</u> ACS IP program requirements	-ACS Orange Book -Representative from ACS, Trauma Prevention Coalition, etc.
9:15– 10:15 a.m.	<u>Session 2-</u> How and where to find evidence-based programs	-National Network of Hospital-Based Violence Intervention Program, U of M database, etc.
10:15– 10:30 a.m.	Break & Networking	
10:30 – 11:30 a.m.	<u>Session 3-</u> Using data to form and inform IP program	-Trauma Centers Level I/ II/ III/ Other organizations
11:30 a.m. – 12:00 p.m.	Panel discussion: Data Use	-Session 3 speakers -Epidemiologist on panel -Q & A session
12:00 – 1:00 p.m.	Lunch & Networking	
1:00– 1:45 p.m.	<u>Session 4-</u> Literature Evaluations & evaluation of E-B programs	-Literature review and evaluations strategies
1:45– 2:30 p.m.	<u>Session 5-</u> How to fund IP program	-Grant Writing, reimbursement
2:30– 2:45 p.m.	Break & Networking	
2:45– 3:45 p.m.	<u>Session 6-</u> Community buy-in strategies	
3:45 – 4:00 p.m.	Break & Networking	
4:00 – 4:30 p.m.	Closing Remarks, Q & A session	

Injury Prevention Conference subcommittee

- Next meetings for subcommittee:
2nd Tuesday of the month at 9-10 a.m. EST
 - December 9
 - January 13
 - February 10
 - March 10
 - Conference date March 13



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State Plan Subcommittee

- ISTCC Statewide Trauma System Planning Subcommittee tasked IPAC to complete Injury Prevention component of state plan
1. Establish a sustainable and relevant infrastructure that provides leadership, funding, data, policy and evaluation for injury prevention
 2. Collaborative injury prevention efforts in:
 - Traffic Safety
 - Traumatic Brain Injury
 - Poisoning



State Plan Subcommittee

3. Statewide direction and focus for older adult (age 65+) **falls** prevention
4. Statewide direction and focus for child injuries
 - Safe sleep
 - Child passenger safety
 - Bullying



State Plan Subcommittee

5. Statewide direction and focus for violence prevention
 - Indiana Violent Death Reporting System
 - Focus on homicides, suicides, and other violence

6. Enhance the skills, knowledge, and resources of injury prevention workforce
 - Resource Guide
 - IPAC membership
 - IPAC conference



Future Projects for IPAC

- Resource Guide Development
- INVDRS
- Other CDC funding projects
- Discussion of Core VIPP Funding FOA for 2016



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End of Year IPAC Survey

- Provide feedback to ISDH about IPAC
- Ideas for moving IPAC forward
- Survey to be sent out with meeting wrap up materials



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UPCOMING INJURY PREVENTION EVENTS AND ACTIVITIES

International Survivors of Suicide Loss Day

- Program of the American Foundation for Suicide Prevention
- November 22



MADD's Tie One On for Safety

- Holiday Season 2014
- Don't drink & drive campaign



A Threat to Everyone
October 2011

Vital^{CDC}signs™



112M

Adults reported drinking and driving about 112 million times in 2010.



85%

85% of drinking and driving episodes were reported by binge drinkers.



4 in 5

Four in 5 people who drink and drive are men.

Pre-Holiday Season Drunk Driving Prevention

- November 28-December 9
- NHTSA's Social Norming Campaign

You Choose: Drink OR Drive
Buzzed Driving Is Drunk Driving

Marketing Tools & Information available:

<http://www.trafficsafetymarketing.gov/>

DON'T WRECK THE HOLIDAYS.

buzzed
driving is
drunk
driving



**DON'T WRECK
THE
HOLIDAYS.**



buzzed
driving is
drunk
driving

Holiday Season Drunk Driving Prevention

- Drive Sober or Get Pulled Over
- Enforcement Campaign
- December 10 – 31
- 1,829 deaths nationally in 2012 from 12/20-12/31

Marketing Tools & Information available:
<http://www.trafficsafetymarketing.gov/>



IT'S SO HARD TO HAVE
Happy Holidays
WHEN YOU'RE ARRESTED FOR DRUNK DRIVING.

Project Holiday- Home Safety

- NFPA Factsheets and other information available online



Candles and Kids

Never leave a child alone in a room with a burning candle. Keep matches and lighters up high and out of children's reach, in a locked cabinet.



HOLIDAY ENTERTAINING

- » Test your smoke alarms and tell guests about your home fire escape plan.
- » Keep children and pets away from lit candles.
- » Keep matches and lighters up high in a locked cabinet.
- » Stay in the kitchen when cooking on the stovetop.
- » Ask smokers to smoke outside. Remind smokers to keep their smoking materials with them so young children do not touch them.
- » Provide large, deep ashtrays for smokers. Wet cigarette butts with water before discarding.

<http://www.nfpa.org/safety-information/for-consumers/holidays/project-holiday>



"COOK WITH CAUTION"

- » Be on alert! If you are sleepy or have consumed alcohol don't use the stove or stovetop.
- » Stay in the kitchen while you are frying, grilling, or broiling food. If you leave the kitchen for even a short period of time, turn off the stove.
- » If you are simmering, baking, roasting, or boiling food, check it regularly, remain in the home while food is cooking, and use a timer to remind you that you are cooking.
- » Keep anything that can catch fire — oven mitts, wooden utensils, food packaging, towels or curtains — away from your stovetop.

If you have a small (grease) cooking fire and decide to fight the fire...

- » On the stovetop, smother the flames by sliding a lid over the pan and turning off the burner. Leave the pan covered until it is completely cooled.
- » For an oven fire, turn off the heat and keep the door closed.

If you have any doubt about fighting a small fire...

- » Just get out! When you leave, close the door behind you to help contain the fire.
- » Call 9-1-1 or the local emergency number from outside the home.



Have a "kid-free zone" of at least 3 feet around the stove and areas where hot food or drink is prepared or carried.

FACTS

- ! The leading cause of fires in the kitchen is unattended cooking.
- ! Most cooking fires in the home involve the stovetop.



Name of Organization Here

Contact Information Here



Your Source for SAFETY Information
NFPA Public Education Division • 1 Batterymarch Park, Quincy, MA 02169

#SafetyIN

- Indiana State Department of Health Facebook

- Twitter: @StateHealthIN



- Division of Trauma and Injury Prevention
injury prevention/ safety tips: #SafetyIN



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Dates to Save

- 2014 Injury Free Coalition for Kids Annual Conference- December 5-7, 2014, in Fort Lauderdale, FL
- Society for Advancement of Violence and Injury Research (SAVIR) 2015 Conference – March 11-13, 2015 in New Orleans
- National Rx Drug Abuse Summit -April 6-9, 2015 in Atlanta, GA



Dates to Save

- Cribs for Kids “Completing the Circle” Conference- April 14-17, 2015 in Pittsburgh, PA
- 2015 Safe States Alliance Annual Meeting – April 29- May 1, 2015 in Atlanta, GA
- National Occupational Injury Research Symposium (NOIRS)- May 19 to 21, 2015 at the Camp Dawson Training Center in Kingwood, West Virginia



Next Meetings

- Thursday, March 12, 2015: 1 p.m.-3 p.m. EST
 - Conference March 13, 2015
- Thursday, June 18, 2015: 1 p.m.-3 p.m. EST
- Thursday, September 17, 2015: 1 p.m.-3 p.m. EST
- Thursday, December 10, 2015: 1 p.m.-3 p.m. EST
 - Rice Auditorium at ISDH



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